

VA INTEGRATION IN COORDINATED ENTRY (CE): TROUBLESHOOTING DELAYS IN CARE

Purpose: VA requires VAMC and VA funded homeless programs to actively participate in Coordinated Entry (CE) planning and implementation supported by local, HUD defined Continuums of Care (CoCs). CE is designed to facilitate access to care and assignment of the appropriate level of intervention necessary to resolve homelessness. VA's expectation is that homeless Veterans eligible for VA services can access care as quickly as possible and are expeditiously assigned to an intervention consistent with the Department's goal of ending homelessness among Veterans. As the status of CE implementation varies by CoC, when working towards full integration of VA services and resources in CE, it is imperative that timely access to care is prioritized by both the CE process and VA programs, as delayed care leads to unacceptable mortality and morbidity risks. Recognizing that CE processes may still be in early stages and that the CE process itself could be causing delays in care, the VA, after consultation with HUD, expects that VA programs should take necessary steps to resolve delays in care in the immediate term, while working with the CoC(s) to resolve delays occurring within the CE process in a sustainable way.

Issue: CE processes in many CoCs are still working through implementation challenges and unintended outcomes, including delays in care. These unintended outcomes have had impacts across homeless subpopulations. For Veterans, the advent of SQUARES has given VA the capacity to immediately determine eligibility for SSVF and enroll (*see footnote*) Veterans same day. This, coupled with VAMC capacities to establish eligibility, allows for same day screening and enrollment in a broad range of VA homeless services. This capacity offers the potential to significantly improve access to care and lower risks to homeless Veteran households seeking assistance. These capacities for immediate eligibility determination and enrollment are beneficial, reducing wait times for Veterans and reducing the burden on the broader homeless service system. In light of these improvements to VA's processes, and HUD's requirements ([Notice CPD-17-01](#), Section II.15) to "facilitate ongoing planning and stakeholder consultation concerning the implementation of coordinated entry," as well as HUD's strong urging in Section III.A to "reinforce a person-centered approach" and Section III.F to address lengthy waiting lists, CoCs need to evaluate their CE practices to identify and resolve policies and protocols that are creating barriers to eligible clients getting connected with services that are limited by more stringent eligibility criteria. This may necessitate different practices at access points, such as screening for certain eligibility criteria upfront to facilitate rapid referrals, particularly when available resources exist to serve an eligible population.

Discussion: In the immediate term, VA staff or VA supported providers (grantees or contractors) should take steps to remove or reduce delays in care as the first priority. If possible, these steps should be taken with the CoC to continue utilizing CE to make such placements and assign Veterans to an appropriate level of care. However, if the CE process is unable to adapt quickly, providers should work with the CoC(s) to implement a stopgap process until the CE policies and protocols can be appropriately examined and updated to achieve rapid flow in the system wherever possible. Under no circumstances should access to care for Veterans be delayed due to policy or capacity limitations that arise due to CE implementation issues. VA encourages providers to work closely with CoCs and the CE process to establish screening processes that facilitate rapid referrals when Veteran households present for services, while not losing the other screenings that are in place, for instance to determine possibilities for diverting households, assessing for crisis response needs and other activities that may be taking

place at access points. Another option would be to utilize SSVF providers as one of the access points within the CE process, per allowances made in HUD's [Notice CPD-17-01](#), Section II.B.2.b, which states that "a coordinated entry process may allow Veterans Administration (VA) partners to conduct assessment and make direct placements into homeless assistance programs, including those funded by the CoC and ESG programs, provided that the method for doing so is in collaboration between those VA partners and the CoC and that the method is included in the CoC's Coordinated Entry policies and procedures and the written standards for the affected programs." In cases when VA programs enroll Veterans outside of CE in order to ensure that the household's immediate needs are met, this enrollment does not preclude subsequent assignment to another provider who can offer a more appropriate level of care consistent with local CE policies.

Moving Forward with CoC Partners: VAMC and VA funded homeless programs are important partners in Coordinated Entry (CE) planning and implementation. CoCs need to ensure that VA partners, as well as other partners, have a meaningful voice at the planning and implementation table so that issues like delays in care can be worked through together. Active collaboration and troubleshooting will produce improvements that have a positive impact not only for Veteran households but for all households that flow through CE. These improvements include developing client-centric CE policies, making critical decisions about how access points operate, and strategically planning CE phases to promote rapid flow through CE. Together we will end Veteran homelessness.

NOTE: "Enrollment" in VA homeless services refers to entry into a specific VA program where, once enrolled, the VA program will assist the household with resources that will lead to permanent housing, which could include that program or referral to other appropriate program(s).